

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Odyssey Charter School / Stacy Dooley to conduct an inquiry for
Recipient's Name and Business Name (if applicable)
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Alias, Maiden, or other named used			
Address			
Sex:	Race:	Date of Birth:	SSN:

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Notary that verified information Date Seal

 Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Badge/Initials: _____

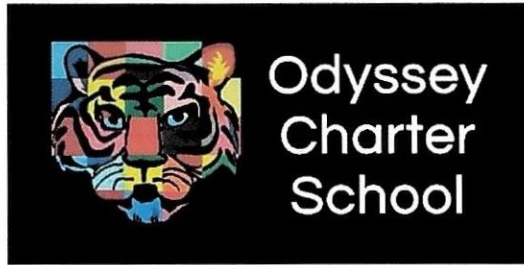
Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.

NON-CRIMINAL JUSTICE PURPOSES		
<input type="checkbox"/>	E	Employment
<input type="checkbox"/>	M	Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	N	Employment direct care with Elderly
<input checked="" type="checkbox"/>	W	Employment direct care with Children
<input type="checkbox"/>	P	Public Record (no consent required)
<input type="checkbox"/>	F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
<input type="checkbox"/>	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
<input type="checkbox"/>	J	Civilian Criminal Justice Employment (state and III data received)
<input type="checkbox"/>	Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

 Agency Designee Signature and Title



Volunteer Confidentiality Form

As a volunteer of Community Education Association, Inc. dba Odyssey Charter School, I understand that some of the information I learn through my volunteering with the school concerns scholar educational and/or medical records. I acknowledge the fact that these records may be protected under the regulations that govern educational records Family Educational Rights and Privacy Act (FERPA) and health records Health Insurance Portability and Accountability Act (HIPAA).

I agree not to disclose any legally protected scholar information to other volunteers who do not have a legitimate educational or medical reason for receiving this information, Odyssey scholars, family members of Odyssey scholars, or members of the public at large.

Such information may include, but is not limited to, grades, assessment scores, disciplinary history, medical history (including diseases, conditions, diagnoses, treatments, medicines taken, etc.), and placement in specific programs (like special education).

I understand that failure to adhere to these provisions may result in discipline measures up to, and including, no volunteering and no further participation in school activities.

Name of Volunteer: _____

Signature of Volunteer: _____

Date: _____